

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15990

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4315		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> c. LENGTH OF STAY (in this place) <u>5 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> <u>0610</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>May 2</u>		<u>1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 3, 1868</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months Days	11. UNDER 1 YEAR Hours Min.	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Issac Eley Herington</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Fischer</u>		14. NAME OF HUSBAND OR WIFE <u>James Henry Smith (D)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willa Smith, La Plata, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 27, 1955</u> , to <u>May 2, 1955</u> , that I last saw the deceased alive on <u>May 2, 1955</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold S. S. S.</u>		(Degree or title)		23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>5/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 9 1955</u>		REGISTRAR'S SIGNATURE <u>Miss B. Puffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>		ADDRESS <u>Kirksville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED 5.16.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5.55.72  
Date Filed 5.17.55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address. Kirksville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.